

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification:: 601/121

Suggested Group Art Unit::

CD-ROM or CR-R?:: None

Title:: Back Muscle Rollover

Attorney Docket Number:: Leahs.us, LLC 01

Request for Early Publication?:: No

Request for No Publication?:: No

Suggested Drawing Figure:: FIG 1

Total Drawing Sheets:: 1

Small Entity:: Yes

Petition Type:: 37 C.F.R. §§1.9 (f) and 1.27 (c)

Secrecy Order in Parent Appl.?:: No

Applicant Information (first named)

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: USA

Status:: Full Capacity

Given Name::	Carolyn
Middle Name::	Leah
Family Name::	Banks
City of Residence::	Carlsbad
State or Province of Residence::	New Mexico
Country of Residence::	USA
Street of mailing address::	1708 Jewel
City of mailing address::	Carlsbad
State or Province of Mailing address::	New Mexico
Country of mailing address::	USA
Postal or Zip Code of mailing address::	88220

Applicant Information (second named)

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Leilani
Middle Name::	Susan
Family Name::	Buxton
City of Residence::	Hatfield
State or Province of	

Residence::	Arkansas
Country of Residence::	USA
Street of mailing address::	708 Polk 26
City of mailing address::	Hatfield
State or Province of Mailing address::	Arkansas
Country of mailing address::	USA
Postal or Zip Code of mailing address::	71945

Applicant Information (third named)

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Robert
Middle Name::	Loyd
Family Name::	Kennedy
Name Suffix::	Jr.
City of Residence::	Carlsbad
State or Province of Residence::	New Mexico
Country of Residence::	USA
Street of mailing address::	1010 Center #14
City of mailing address::	Carlsbad

State or Province of Mailing address::	New Mexico
Country of mailing address::	USA
Postal or Zip Code of mailing address::	88220

Applicant Information (fourth named)

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Misty
Middle Name::	Dawn
Family Name::	Kennedy
City of Residence::	Carlsbad
State or Province of Residence::	New Mexico
Country of Residence::	USA
Street of mailing address::	1010 Center #14
City of mailing address::	Carlsbad
State or Province of Mailing address::	New Mexico
Country of mailing address::	USA
Postal or Zip Code of mailing address::	88220

Correspondence Information

Name:: Carolyn Leah Banks

Street of mailing address:: 1708 Jewel

City of mailing address:: Carlsbad

State or Province of Mailing address:: New Mexico

Postal or Zip Code of mailing address:: 88220

Phone number:: 505-885-4375, 505-885-9352, 505-361-5580

Fax Number:: 505-885-1515

E-Mail address:: carolynbanks@usa.net , carolyn@leash.us ,
cbanks@cavern.nmsu.edu

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary		Carolyn Leah Banks
Associate		Leilani Susan Buxton
Associate		Robert Loyd Kennedy, Jr.
Associate		Misty Dawn Kennedy

[This application has no priority claims]

Assignee Information

Assignee Name:: Leahs.us, LLC

Street of mailing address:: 1708 Jewel

City of mailing address:: Carlsbad

State or Province of Mailing address:: New Mexico

Postal or Zip Code of mailing address:: 88220